



King County

Department of Community and Human Services
Mental Health, Chemical Abuse and Dependency Services Division
Exchange Building, EXC-HS-0610
821 Second Avenue, Suite 610
Seattle, WA 98104-1598
206 296-5213 TTY/TDD: 206-205-0569
www.metrokc.gov/dchs/mhd/

The following “Notice of Privacy Practices” contains important information about how your mental health records are used and protected by the King County Mental Health Plan. This is written notice and given to you to follow a new law called HIPAA.¹

- I. Part 1 of the Notice of Privacy Practices explains your rights about your health records.
- II. Part 2 tells about the duties that the King County Mental Health Plan has about keeping your health records private and giving you a copy of the notice.
- III. Part 3 explains how the Mental Health Plan may use or share your health records for your treatment, for payment for your care, and other reasons.
- IV. Part 4 explains how you may ask for help to understand your rights or to complain about privacy practices.

Please look at the Notice for more complete information.

¹ Health Insurance Portability and Accountability Act



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NOTICE OF PRIVACY PRACTICES

King County Mental Health, Chemical Abuse and Dependency Services Division Mental Health Plan

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW
YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

The King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your health information to others unless you allow us to do so, or the law authorizes or requires us to do so.

I. Your Health Information Rights

We will have a health record about you. You have some rights with respect to this information including the right to:

- Request restrictions on the health information we use or disclose about you for treatment, payment or health care operations. You must deliver this request in writing to the Privacy Officer at our office. The Privacy Officer will ask you to sign a request for restriction form, which you should complete and return to the Privacy Officer. We are not required to agree to a restriction that you request.
- Cancel prior authorizations to use or disclose health information by giving us a written notice. A form is available for this purpose. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have received the written revocation.

- Receive a paper copy of this Notice of Privacy Practices for Protected Health Information (“Notice”) from us.
- Request that you be allowed to inspect and purchase a copy of your health record. You must make this request in writing. We have a form available for this type of request. If your request is denied, you may appeal this denial (ask us to reconsider). This appeal must be in writing.
- Request that we amend any of the health information used to make decisions about your care, including treatment or payment records. To do so, you must submit a written request to our Privacy Officer at 821 Second Avenue, Suite 610, Seattle, WA 98104 and tell us why you believe the information is incorrect. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend health information that:
 - was not created by us, unless the person or entity that created the health information is no longer available to make the amendment;
 - is not part of the health information we maintain to make decisions about your care;
 - is not part of the health information that you would be permitted to inspect or copy; or
 - is accurate and complete.
- If we deny your request to amend your health information, we will send you a written notice of the denial stating the reason for the denial and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the health information that is the subject of your request. If you choose to submit a written statement of disagreement, we have the right to prepare a written rebuttal to your statement of disagreement. In this case, we will attach the written request and the rebuttal (as well as the original request and denial) to all future disclosures of the health information that is the subject of your request.
- Request that we provide you with an accounting of disclosures we have made of your health information since April 14, 2003. An accounting is a list of disclosures. But this list will not include certain disclosures of your health information such as those made for the purposes of treatment, payment and health care operations or disclosures that you authorized in writing. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer at our office. For your convenience, you may submit your request on a form called a “Request For Accounting”, which you may obtain from our Privacy Officer.
- Ask that we communicate with you about your health care only in a certain location or through a certain method. To request such a confidential communication, you must give us your request in writing, and sign and date it. You may submit your request on our form or in a letter containing all the information on that form. We will accommodate all reasonable requests. You do not need to give us a reason for the request; but your request must specify how or where you wish to be contacted.

II. MHCADSD's Duties

We are required by law to:

- Keep your health information private except as indicated below;
- Give you this Notice upon your request;
- Follow the terms of the Notice of Privacy Practices currently in effect;

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our office to pick one up. You may also find a copy of this Notice on our web page at <http://www.metrokc.gov/dchs/mhd>.

III. How We May Use or Disclose Medical Information About You

The following categories describe the way we use and disclose health (including mental health and physical health) information. For each category of uses and disclosures, we will explain what we mean and give an example. Not every use or disclosure in a category will be listed. However, all of the ways that we are permitted to use and disclose information will fall within one of the categories.

Examples of Use and Disclosures for Treatment, Payment and Health Care Operations

For treatment:

- Information obtained by your health care giver will be recorded in your medical record and used to decide what care is right for you.
- We may also provide information to other physicians or health care professionals involved in your care.

For payment:

- We request payment from the Washington State Department of Social and Health Services (DSHS). To authorize these payments, DSHS needs information such as your diagnoses, services performed or recommended care.

For health care operations:

- Members of our staff routinely review records to assess quality and to improve the services we provide you.

Other Disclosures and Uses

Notifications

- We may disclose information about you to assist in disaster relief efforts.

We may use and disclose your protected health information as follows:

- To the extent disclosure is required by law.
- For health oversight activities.
- For public health and safety purposes as allowed or required by law.
- To report suspected abuse or neglect.
- In the course of judicial/administrative proceedings.
- For law enforcement purposes as allowed or required by law.
- To correctional institutions if you are in jail or prison, as necessary for your health and the health and safety of others.
- For specialized government functions and workers compensation.
- For approved research activities.
- To a coroner, medical examiner, or funeral director.

Other Uses

- Uses and disclosures not described in this Notice will be made only as allowed by law or with your written authorization.

IV. To Ask for Help or Complain

If you have questions, want more information, or want to report a problem about the handling of your information, you may contact the Privacy Officer at 206-296-5213.

If you believe your privacy rights have been violated, you may deliver a written complaint to The Privacy Officer at 821 Second Avenue, Suite 610, Seattle, WA 98104. You may also file a complaint with the United States Secretary of Health and Human Services.

We respect your right to file a complaint with us or with the Secretary of Health and Human Services. If you choose to take this action, we will not retaliate against you.

Website

- We have a website that provides information about us. For your benefit, this Notice is on the website at this address: <http://www.metrokc.gov/dchs/mhd/>